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# ***Influence of the ACA and Accreditation on Partnerships***

January 26, 2015



A collaborative study including Dr. Gulzar Shah, Associate Dean for Research examined the influence of the Affordable Care Act (ACA) and accreditation on health departments' [partnerships for community health assessments](#). The study also provides baseline data that will help determine whether the Affordable Care Act and public health accreditation will result in more collaborative community assessment and community health improvement activity by describing trends in collaborative community health assessment and community health improvement plan activities. The strengthened requirement for nonprofit hospitals to complete a community health needs assessment and implementation plan in the Affordable Care Act, concurrent with a new voluntary accreditation process for local health departments that requires collaborative community health assessments and community health improvement plans, have led to a resurgence of interest in assessment and improvement planning. The study finds that collaborative community assessment activity is positively associated with population size, governance type, and local health department and coalition-led efforts.

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# Public Health Services

January 26, 2015



A collaborative study including Dr. Gulzar Shah, Associate Dean for Research identifies [public health services most commonly provided by Local Health Departments \(LHDs\)](#). The primary purpose of this research is to identify the most commonly performed public health services by local health departments (LHDs) and highlight variation by LHD characteristics. Data were drawn from the 2008 and 2010 National Profile of LHDs, conducted by the National Association of County and City Health Officials (NACCHO). The descriptive analysis aims to further the essential dialogue triggered by a recent Institute of Medicine (IOM) report about the standard minimum set of services that all LHDs should provide. This study identified a set of 22 activities performed by LHDs that are common in jurisdictions of all sizes. Notable differences in most commonly performed services were found by the size of population in LHD jurisdiction, presence of board of health, type of LHD governance, per capita expenditures, and size of workforce.

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# Public Health Workforce Composition

January 26, 2015



A collaborative study including Dr. Gulzar Shah, Associate Dean for Research examines changes in the [public health workforce composition](#). State and local public health department infrastructure in the U.S. was impacted by the 2008 economic recession. The nature and impact of these staffing changes have not been well characterized, especially for the part-time public health workforce. The purpose of the study was to estimate the number of part-time workers in state and local health departments (LHDs) and examine the correlates of change in the part-time LHD workforce between 2008 and 2013.

Nationally representative estimates suggest that the local public health workforce decreased from 191,000 to 168,000 between 2008 and 2013. During that period, the part-time workforce decreased from 25% to 20% of those totals. At the state level, part-time workers accounted for less than 10% of the total workforce among responding states in 2013. Smaller and multi-county jurisdictions employed relatively more part-time workers.

This is the first study to create national estimates regarding the size of the part-time public health workforce and estimate those changes over time. A relatively small proportion of the public health workforce is part-time and may be decreasing

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# ***Differences in Definitions of Evidence-based Public Health and Evidence***

January 26, 2015



A collaborative study including Dr. Gulzar Shah, Associate Dean of Research examines [differences in evidence-based public health and evidence and the implications for communication with practitioners](#). The researchers interviewed twelve members of an expert panel to elicit their views on Evidence-based Public Health (EBPH), including how they define EBPH, what constitutes “evidence”, and what LHDs do that can be described as EBPH. Telephone interviews lasting 60 minutes were recorded and transcribed for basic content analysis. Experts differed in their definitions of EBPH and their views of what constitutes evidence. Definitions of EBPH ranged from the adoption and implementation of rigorously tested interventions to the application of evidence to decision making for population health improvement. Views on what constitutes evidence also varied, from strict “evidence from science” to broader “evidence from experience.” Because of these differences in meaning, our study suggests we use more concrete and specific messaging for what practitioners are expected to do.

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